

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ing</i>		7/20/00
O.I.P.E. CLASSIFIER		40	1-1-00
FORMALITY REVIEW	<i>A.S.</i>	373	9-12-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	11/3/92
1	1/3/94
2	1/3/94
3	1/3/94
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5	1/3/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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